



**City of Casa Grande**  
**Service Application – Commercial**  
**\$100 Refundable Deposit & \$25 Setup Fee per account**  
**(\$30 nonrefundable new container delivery fee, if requested)**

**Finance Department Use Only:**

Acct # \_\_\_\_\_  
Billing Method: ☐ Email ☐ Mail  
Autodraft Requested: ☐ Yes ☐ No  
Container Requested: ☐ Yes ☐ No  
Recycle Bin Requested: ☐ Yes ☐ No

**Today's Date:** \_\_\_\_\_ **Service Start Date:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Select One:** ☐ Building Owner ☐ Building Lessee, if leased please complete the following information:

Lessor: \_\_\_\_\_ Lessor's Acct #: \_\_\_\_\_

Note: If leasing from a property management company, a copy of the lease agreement is required

**Business Name:** \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business License #: \_\_\_\_\_ Tax ID/Social Security #: \_\_\_\_\_

**Entity Type:** ☐ Sole Proprietor ☐ Corporation ☐ Limited Liability

**If Sole Proprietor, please complete the following:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Primary Contact:**

Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Secondary Contact:**

Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Other Authorized Representatives:**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**Business References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Services Requested:**

☐ Wastewater ☐ Sanitation ☐ Water (**Only available in Santa Rosa Ranch & Saddleback Farms**)

**Applicants Signatures:** By signing this form, we agree to make monthly payments by the due date. Any outstanding balance will be assessed a 1.5% per month penalty. Delinquent accounts may be subject to collection action, including the assessment of additional fees, penalties, discontinuation of services and disconnection.

**For Tenants--**Additionally, by signing this form we acknowledge that the City may inform our Landlord of any missed payments, and/or any delinquency status, on this account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following: Demands payment of a tax, fee, penalty, fine or assessment; Denies an application license that is issued by the city or town; or requests corrections, revisions or additional information or materials needed for approval application for a permit, license or other authorization that is issued by the city or town. An employee who is authorized and able information about any communication that is described above shall reply within five (5) business days after the city or town receives communication.